



GROUP **BENEFITS**

Exercise your health. Insure your life.



www.pibt.org
800.449.4898
OnlineHelpDesk@pibt.org



Since 1989 The Printing Industry Benefits Trust has been offering and supporting employee benefits insurance for companies from 2 to 500 employees in the printing, graphic arts and web media industries. Our mission is to present solutions that help control costs while delivering meaningful healthcare benefits and to be a trusted source of support and assistance.

- **Industry leading service center - one call for service and support**
- **No cost COBRA Administration**
- **No cost Section 125 Premium Only Plan Document**
- **Access to full Flexible Spending Account (Section 125 Cafeteria Plan)**

MEDICAL	
DENTAL	
VISION	
LIFE: BASIC & VOLUNTARY	
EMPLOYEE ASSISTANCE PROGRAM	
EXECUTIVE MEDICAL REIMBURSEMENT PLAN	
VOLUNTARY BENEFITS	* * Billed separately
FLEX SPENDING ACCOUNT	* * Billed separately

It's time to renew. So, what's next?

! OPEN ENROLLMENT DEADLINES

- **October - November 15th:** All forms will be effective December 1st.
- **November 16th - December 15th:** Changes will be reflected on the January 1st invoice. Changes received after these dates will not be accepted.
- On **December 1st** your invoice will reflect the changes submitted on your participation agreement. If no participation agreement was submitted your invoice will reflect the changes based on PIBT's default plan mapping.

Next Steps

- 1**
 - **Review** the participation agreement to decide which plans you will offer your employees. The participation agreement is the annual contract between your company and PIBT.
 - **Convey** benefit changes to employees. During open enrollment, employees can choose to change their benefits.
 - **Avoid** benefit interruptions by submitting employee changes before the deadlines.
 - **Visit** the PIBT website for resources and updated benefit information.

- 2 Complete the Participation Agreement**

Online Processing: Log in at www.pibt.org and click on the **begin renewal process button**. This feature is available for most groups but if you do not see an online renewal option, please contact your relationship keeper to discuss other options.

Hard copy: Fill out ALL required information and plan information for each section. Submit your agreement by email to pibt@pibt.org, by fax to 323-215-1796, or upload at www.pibt.org. Thereafter, a blank enrollment form and plan comparison will be emailed to you. Please allow 2-3 business days.

- 3 Employee Changes**

Online employee changes: If employees have portal access, they can log into their personal account to make changes. Otherwise, a portal invitation must be initiated by the company to each employee. Changes will only be allowed after the participation agreement is submitted and processed.

Hard copy enrollment forms: To download enrollment forms, log into the PIBT portal and click on Company Documents. Forms will be available after the participation agreement is completed. Submit completed forms by email to pibt@pibt.org, by fax to 323-215-1796, or upload at www.pibt.org.



ADMINISTRATIVE GUIDELINES

PIBT GROUP PARTICIPATION REQUIREMENTS

- Must be an active member of the local printing industries association.
- Have a minimum of 2 full-time employees working 30 or more hours per week. Husband and wife groups are not allowed.
- 75% of full-time employees must participate. Valid waivers do not count against participation.
- A participation agreement and copy of a recent DE-9C must be completed when requested

PARTICIPATION AGREEMENT

The Participation Agreement is the annual contract between the employer and PIBT. A new Participation Agreement must be submitted each year to PIBT as part of the renewal process.

EMPLOYER CONTRIBUTION

The employer must contribute a minimum of 50% of the employee's monthly premium portion of the least expensive plan(s) offered (i.e., medical, dental, vision, etc.). The employer has no dependent contribution requirement, but can choose to do so.

EMPLOYEE ELIGIBILITY

An eligible employee must work 30 hours or more per week and must satisfy the employer waiting period. Once waiting period is satisfied, an enrollment form or coverage declination must be submitted to pibt@pibt.org. Employees who declined coverage at their initial eligibility period are eligible to enroll at the next open enrollment or when a valid qualifying event takes place.

Qualifying Event: The following which is not a complete list, are examples of valid qualifying events:

- Family addition - Birth or adoption of a child
- Marital status change - Recent marriage or Legal Domestic Partnership
- Loss of other health coverage - Such as due to divorce, change in spouses' employment, etc.

Waiting Period: The waiting period is the time an employee must be employed by that employer before coverage can begin for the employee and their dependents. The waiting period is set by the employer and remains in place until the next open enrollment (at which point the employer can choose to change it). It is the employer's responsibility to offer health insurance to all eligible employees who have satisfied the waiting period.

Allowed waiting periods (due to health care reform, a group health plan may not use a waiting period that exceeds 90 days):

- 1 Month (30 days) - Insurance is effective on the first of the month following the 30-day period.
- 2 Months (60 days) - Insurance is effective on the next first of the month following the 60-day period, not to exceed 90 days.
- No waiting period - Insurance is effective on the first of the month following the date of hire, unless the date of hire is on the first of the month, in which case the billing will begin immediately.

DEPENDENT ELIGIBILITY

PIBT will bill as of the first day of the month following the qualifying event, unless the date of the event is on the first of the month, at which case the billing will begin as of that month. Enrollment forms are required to enroll dependents and must be submitted to PIBT within 30 days of the qualifying event date. Qualified dependents are listed below:

- **CHILD** - A child under age 26 of either the employee or spouse may be enrolled at initial employee enrollment or during open enrollment, a Special Enrollment, or with a valid qualifying event. A birth verification, birth certificate, or court order is required to enroll if event is after initial enrollment.
- **NEWBORN** - The birth of a child is a valid qualifying event. A hospital birth verification or birth certificate is required to enroll.
- **SPOUSE/DOMESTIC PARTNER** - An adult legally married to the employee may enroll during initial employee enrollment, or during open enrollment, a special enrollment, or with a valid qualifying event. Date of marriage or domestic partnership registration date is required to enroll.

ADMINISTRATION (Enrollment, Waivers, and Termination Process)

The employer must immediately notify PIBT of any coverage changes. Unlike outside insurance carriers that invoice in advance of providing coverage, PIBT bills on the first business day of every month for the current month. Thus, coverage is provided even if premiums have not been received. PIBT depends on the employer to keep eligibility up to date. Forms received by the 20th of the current month will reflect on the following PIBT monthly invoice.

- **PIBT Portal:** The portal allows the employer to manage day to day administration such as enrollments, terminations, and open enrollment changes. Register on our website at <https://www.pibt.org/EmployerRegistration.aspx>.
- **PIBT Enrollment Forms:** The employer is required to download employee enrollment forms from the PIBT portal. To make the enrollment process easier for the employee, forms are tailored to each employer. For benefit summaries or claim forms, visit our [PIBT](#) website to navigate the [Forms & Documents](#) section.
- **New Enrollments:** A PIBT enrollment form is required to enroll each employee in a plan. The employee and dependent(s) personal information is required in sections 2 and 3 of the enrollment form. Under the Affordable Care Act Employer Reporting Requirements, Social Security numbers must be supplied for all covered individuals to avoid access to care delays. Enrollment forms submitted after 30 days from the eligible effective date will be rejected as a late enrollment. Employees who miss the eligibility window must wait until the next open enrollment period or for a valid qualifying event to be able to enroll. Insurance carriers mail ID cards to enrollee's home address within 10-14 business days after enrollment form has been processed. PIBT mails a PIBT "Help Card" and a "continuation of coverage rights" packet.
- **Employee Declinations/Waiver:** During initial eligibility the employee must complete the declination section of the PIBT enrollment form if they choose to decline coverage for themselves and /or their dependents. If the employee wishes to decline coverage outside the initial enrollment, a PIBT Coverage Update form is required.
- **Terminations of Coverage:** To report terminations of coverage due to employment termination, reduction of hours or death of employee, the employer must submit an Employee Termination Notice. Coverage ends the last day of the qualifying event. To be compliant with state and federal laws, the employer must report terminations to PIBT within 30-days of the qualifying event. Retroactive terminations will not be allowed.

CONTINUATION OF COVERAGE NOTICES AND ELECTION PROCEDURES

As a complimentary service, PIBT will mail federal or state COBRA continuation notice when coverage for an employee and/or dependent triggers a qualifying event (i.e., termination of coverage). The employer is not responsible for collecting federal or state COBRA continuation premiums when a member elects continuation of coverage. PIBT handles all COBRA administration directly with members.

BILLING STATEMENTS/PAYMENTS

PIBT Invoices: Invoices are mailed and emailed about the first of the month for each month unless the first falls on a weekend or holiday. To protect the employees' information, PIBT auto-encrypts all outgoing emails that contain personal health information (PHI).

Payments: Premiums are due upon receipt and no later than the 15th of the month. Any payment received after 5pm on 15th of the current month will be considered delinquent and a \$35 late payment fee will be incurred. Failing to make a payment will result in termination of coverage. In this situation a Termination Confirmation Notice letter will be mailed to the employer informing them that termination of coverage occurred. The employer account will be retro-terminated to the last payment received. Paid claims from the date of termination will then be 100% employee's responsibility.

Accounts not considered paid: The following will result in an account not being considered paid: A check that is returned for non-sufficient funds (NSF), a stopped payment, a check written from an account that is now closed, or a declined credit card payment. NSF fee is \$150.00. The fee will appear on the following month's invoice.

Terminations of delinquent account: Payments received by PIBT after a Termination Confirmation Notice has been mailed, will be promptly refunded. Reinstatement of coverage is not guaranteed and is subject to guidelines set by PIBT Trustees and management. Reinstatement may be considered if PIBT receives a written request within five days from the date the Termination Confirmation Notice was sent. If reinstatement is granted, a \$500 reinstatement fee, past due premiums and current premiums must all be paid in full within two business days of approval. Reinstatement payments will only be accepted online or by wire transfer. Reinstatement is granted as a courtesy and will not be considered more than once in a 12-month period.

Employers may request a review by the California Insurance Commissioner if they believe their coverage or health insurance policy has been or will be wrongly canceled, rescinded, or not renewed. To do so, you must submit your request in writing to: California Department of Insurance, Consumer Communications Bureau, 300 S. Spring St., South Tower, Los Angeles, California 90013, or online at www.insurance.ca.gov. You may also call them at 1-800-927-HELP (4357) or TDD 1-800-482-4833. It will be to your advantage if you are able to provide the Department with your health insurance policy number, copies of any letters you have received from us and a copy of your health insurance card.

As soon as we receive notice from the Department of Insurance that you have requested a review by the Commissioner, we must continue to provide coverage as of the date of the review request until a final determination of your request for review has been made, unless your policy or coverage is being cancelled for non-payment of premiums. To ensure that your coverage is continued without interruption, you must request a review by the Commissioner before your coverage ends. In the event the Commissioner determines that your request for review is a proper complaint and, subsequently, the cancellation, rescission or non-renewal was unlawful, the Commissioner shall order reinstatement of your coverage retroactive to the time of cancellation, rescission or non-renewal.

WARNING: *You must continue to pay your insurance premiums on time in order to maintain coverage. If your coverage is reinstated retroactively, you will be responsible for payment of the corresponding premium between the time of termination and the time of reinstatement.*

PIBT PAYMENT METHODS

ONLINE PAYMENTS

PIBT makes it easy to pay your invoice online. You can set up automatic recurring payments or make a one-time payment with a debit card, credit card or e-check! Credit card transactions are subject to a small processing fee.

PIBT: <https://bit.ly/payment-PIBT> PIBT COBRA: <https://bit.ly/payment-PIBT-COBRA>

To set up automatic payments, follow one of the payment links above. Enter the invoice payment amount, add to cart and enter the account number. Then click on the "yes" check box under "please make this monthly". Finally, enter the number of payments for the remainder of the plan year, and indicate the date you wish your automatic payments to be drafted (must be between the 1st- and the 15th of the month).

PAYMENTS BY MAIL

LOCKBOX PAYMENT (regular mail): All paper checks generated by you or auto issued by your bank (under Bill Pay services)

PIBT, File # 2319
1801 W. Olympic Blvd.
Pasadena, CA 91199-2319

OVERNIGHT (courier service [i.e., Federal Express, Messenger, UPS etc.]) should be sent to:

PIBT, File # 2319
1801 W. Olympic Blvd
4th Floor Lockbox
Los Angeles, CA 90006

WIRE TRANSFER/ACH/EFT PAYMENTS

Name of Account: **PIBT**
Name of Bank: **City National Bank**
Routing Number: **122016066**
Account No.: **300035493**
City and Zip Code: **Los Angeles, CA 90071**

PIBT FREQUENTLY ASKED QUESTIONS AND ANSWERS

Q. Does PIBT help with insurance questions?

At PIBT each account is assigned a dedicated Relationship Keeper who can answer all your insurance questions. Our Relationship Keepers are trained to be a direct point of contact with the employer and employees.

Q. Does PIBT have a portal?

Yes, you can use this portal to process day-to-day administration and open enrollment renewals. Our secure portal provides easy access to resources outside of business hours. Process online terminations, enrollments, and changes all in real time at your convenience. Register at www.pibt.org

Q. Can an employee enroll in benefits at any time?

No. Outside of the open enrollment period, an employee must have a qualifying event to enroll in benefits. A qualifying event includes, but is not limited to, having a loss of coverage (like a spouse's coverage), or experiencing a lifestyle changes such as having a baby, adopting a child or getting married.

Q. Are Employee mid-plan year cancellations accepted?

If the employer offers IRS Section 125 whereby employees pay their portion of premium on a pre-tax basis *and* the employee has elected a benefit plan *and* has elected to have their portion of the premium deducted on a pre-tax basis, then the employee cannot cancel coverage mid-year at will. This will jeopardize the status of the employer's Section 125 plan, employees can only remove coverage during the plan year if they have a qualifying event. Employees who have not elected to have their portion of premium deducted via a Section 125 plan can cancel at any time. To re-enroll, the employee must either have qualifying event or wait until the next open enrollment.

Q. How does an employee cancel coverages?

To remove coverage for an employee and/or any covered dependents, the employer must complete a **PIBT Coverage Update Form** and carefully check-off all appropriate boxes. Signatures from both the employee and the employer's authorized representative are required. Coverage updates must be sent to PIBT within 30 days from the qualifying event. Retroactive cancellations will not be accepted.

Q. When is open enrollment?

Open enrollment for most PIBT employers begins in October for a December 1st renewal. PIBT mails out all renewal material in enough time for employer and employee changes.

Q. What happens if the employer misses the open enrollment window?

PIBT Relationship Keepers make multiple attempts to inform the employer of open enrollment. In the event changes were not submitted and the open enrollment window was missed, the employer will be allowed to make changes during the following annual open enrollment.

Q. Where can enrollment forms be found?

PIBT offers personalized enrollment forms for each account. The forms are prefilled and show only the plans the employer elected to offer. This allows for an easy enrollment process. The employer can download forms from the PIBT portal. If the account is not registered for portal access, your Relationship Keeper can provide a copy instead. For general forms such as an Employee Termination Notice form, Coverage Update form or Employee Update form for updating an employee's personal information, visit our website at www.pibt.org <http://www.pibt.org/> and download (without portal access) under the [Forms & Documents](#) section. For example, the forms mentioned here are found under Employer Documents/Administrative Documents within the Forms & Documents tab.

Q. Are insurance cards sent annually?

Employees enrolling for the first time, as well as anyone switching carriers, will receive insurance cards.

Q. How do I get a new encryption password for opening secure documents or monthly invoices?

To keep employee personal information secure, PIBT assigns a unique encryption to each account. If you do not know the password, you can log in to the PIBT portal to recover. Otherwise, contact your Relationship Keeper for delivery options. Non-encrypted invoices will not be permitted via email.

Q. Have more questions?

Contact us at 1.800.449.4898 or email pibt@pibt.org. Business Hours: Monday - Thursday 8:30 a.m. to 5 p.m., Friday 8:30 a.m. to 4 p.m.



CONTACT US

PIBT CUSTOMER SERVICE TEAM				
Relationship Keeper	Phone	Ext.	Personal Fax #	Email
Sandra Bonilla	323-728-9500	258	323-271-0403	sandra@pibt.org
Portal Help Desk				
Stephanie Hernandez	323-728-9500	259	323-271-0138	stephanie@pibt.org
PIBT Benefits Director				
Evie Banaga	323-728-9500	224	323-629-4527	evie@pibt.org
Form Submission	Email	Fax		
Processing Department	pibt@pibt.org	323-215-1796		All forms sent must be encrypted with your personalized or assigned password.
Portal Upload	www.pibt.org	N/A		Securely upload multiple documents when you sign in to the portal.
PIBT Website	Online Inquires		Portal Registration	
www.pibt.org	OnlineHelpDesk@piasc.org		https://www.pibt.org/EmployerRegistration.aspx	
LOCAL ASSOCIATION OFFICE				
Local Agency Contacts	Title	Phone #	Ext.	Email
Lou Caron	President	323-728-9500	274	lou@piasc.org
CARRIER MEMBER SERVICES				
Medical Plans	Phone		Website	
PIBT Freedom	800-716-2852		www.imagine360.com	
Kaiser	800-464-4000		www.kp.org	
Health Net	800-361-3366		www.healthnet.com	
Ancillary Plans	Phone		Website	
Western Dental	800-992-3366		www.westerndentalbenefits.com	
Humana Dental (DPO)	800-233-4013		www.humana.com	
Humana Dental (DMO)	877-873-2241		www.libertydentalplan.com	
Delta Dental (DPO)	800-765-6003		www.deltadentalins.com	
DeltaCare Dental (DMO)	888-282-9501		www.deltadentalins.com	
VSP Vision	800-877-7195		www.vsp.com	
EyeMed Vision	800-334-7591		www.eyemedvisioncare.com	
Landmark Chiro	800-298-4875		www.lhp-ca.com	
TELUS Health EAP	800-433-7916		www.telus.com/en/health	

Your regular Relationship Keeper will now handle COBRA too.

Kaiser

Benefits at a Glance



Kaiser		
Plan Name	KP Ded HMO Plan A 500/20/3K	KP Ded HMO Plan B 1000/20/3.5K
Network	Full	Full
Calendar Year Deductible (Individual/Family)	\$500 [2] / \$1,000 [2]	\$1,000 [2] / \$2,000 [2]
Out-of-pocket maximum (Individual/Family)	\$3,000 / \$6,000	\$3,500 / \$7,000
Office Visit (PCP)	\$20 Copay	\$25 Copay
Specialist Visit	\$30 Copay	\$35 Copay
Outpatient Surgery/Treatment	20% (After Deductible)	20% (After Deductible)
Hospital Admission	20% (After Deductible)	20% (After Deductible)
X-ray	No Charge	No Charge
Laboratory	No Charge	No Charge
Urgent Care	\$40 Copay	\$50 Copay
Emergency Room	\$250 Copay per visit	\$250 Copay per visit
Preventive Care	No Charge	No Charge
Mental Health Office Visit	\$20 Copay	\$25 Copay
Prescription Drugs	Generic / Brand / Specialty	Generic / Brand / Specialty
Separate calendar year deductible	Not Applicable	Not Applicable
Rx out-of-pocket maximum (Individual/Family)	Not Applicable	Not Applicable
Retail prescriptions (30 day supply)	\$15 / \$30 / 20% up to \$300 max	\$15 / \$30 / 20% up to \$300 max
Mail order (up to 90-day supply)	\$30 / \$60 / 20%	\$30 / \$60 / 20%
Dental Coverage		
Pediatric dental coverage	Not Covered	Not Covered
Vision		
Routine exam	\$20 Copay (at Kaiser facility)	\$25 Copay (at Kaiser facility)
Frames and lenses	\$150 allowance every 12 months (with EyeMed Network)	\$150 allowance every 12 months (with EyeMed Network)
Plan ID	11843	11844

IMPORTANT NOTICE: This benefit comparison is provided to help you quickly compare plans and is not intended to be a comprehensive description of plans and benefits. Refer to the Summary of Benefits, Summary of Benefits and Coverage (SBC) and Evidence of Coverage for a detailed description of coverage and benefits limitations. In the event of a discrepancy on this comparison, Evidence of Coverage and Plan contract shall prevail. (Please visit www.pibt.org - Forms and Documents.)

• Prescription drug benefits listed are for participating pharmacies only.

[2] A calendar year deductible is the amount you pay each calendar year before the carrier pays for covered services under the benefit plan.

Benefits at a Glance

Kaiser		
Plan Name	KP Ded HMO Plan B 1000/30/3.5K	KP Ded HMO Plan F 3000/40/6.5K VC-New
Network	Full	Full
Calendar Year Deductible (Individual/Family)	\$1,000 [2] / \$2,000 [2]	\$3,000 [2] / \$6,000 [2]
Out-of-pocket maximum (Individual/Family)	\$3,500 / \$7,000	\$6,500 / \$13,000
Office Visit (PCP)	\$25 Copay	\$40 Copay (After Deductible) [27]
Specialist Visit	\$35 Copay	\$60 Copay (After Deductible)
Outpatient Surgery/Treatment	30% (After Deductible)	40% (After Deductible)
Hospital Admission	30% (After Deductible)	40% (After Deductible)
X-ray	No Charge	40% (After Deductible)
Laboratory	No Charge	No Charge
Urgent Care	\$50 Copay	\$80 Copay (After Deductible) [27]
Emergency Room	\$250 Copay per visit	40% (After Deductible)
Preventive Care	No Charge	No Charge
Mental Health Office Visit	\$25 Copay	\$40 Copay (After Deductible) [27]
Prescription Drugs	Generic / Brand / Specialty	Generic / Brand / Specialty
Separate calendar year deductible	Not Applicable	Subject to Plan Deductible
Rx out-of-pocket maximum (Individual/Family)	Not Applicable	Not Applicable
Retail prescriptions (30 day supply)	\$15 / \$30 / 20% up to \$300 max	\$20 / \$40 / 20% up to \$300 max after drug deductible
Mail order (up to 90-day supply)	\$30 / \$60 / 20%	\$40 / \$80 / 20% after drug deductible
Dental Coverage		
Pediatric dental coverage	Not Covered	Not Covered
Vision		
Routine exam	\$25 Copay (at Kaiser facility)	\$40 Copay After Deductible (at Kaiser facility)
Frames and lenses	\$150 allowance every 12 months (with EyeMed Network)	\$150 allowance every 12 months (with EyeMed Network)
Plan ID	11845	11846

IMPORTANT NOTICE: This benefit comparison is provided to help you quickly compare plans and is not intended to be a comprehensive description of plans and benefits. Refer to the Summary of Benefits, Summary of Benefits and Coverage (SBC) and Evidence of Coverage for a detailed description of coverage and benefits limitations. In the event of a discrepancy on this comparison, Evidence of Coverage and Plan contract shall prevail. (Please visit www.pibt.org - Forms and Documents.)

• Prescription drug benefits listed are for participating pharmacies only.

[2] A calendar year deductible is the amount you pay each calendar year before the carrier pays for covered services under the benefit plan. [27] Deductible is waived for the first 3 visits combined for non-preventive primary care, specialty care other practitioner care, urgent care and mental/behavioral health and substance use disorder outpatient services.

PIBT Freedom



This Q&A answers the most frequently asked questions about the PIBT Freedom Plans.

1. PIBT Freedom Plans the right choice for me?

These plans are a good choice for you if:

- You want to control your costs.
- You prefer to choose your provider.
- You like the idea of having an advocate help you navigate the healthcare system.
- You are willing engage with your health plan occasionally.

2. Who administers the PIBT Freedom Plans?

PIBT designed the plans and their benefits and engaged Imagine360 to administer and manage claims.

- Imagine360 is a third-party administrator who manages claims and provides support teams to advise members through their concierge service.
- Imagine360 audits and settles claims from facilities such as hospitals and outpatient centers. In all cases, PIBT staff is always here to assist you. Never hesitate to call us.

3. What doctors and other healthcare providers can I use?

Virtually all practitioners accept our plan. Although the Plans use a national network, MultiPlan Practitioner and Ancillary network, that includes physicians, labs, urgent care, and similar types of providers. Your benefits are the same whether you seek care from a preferred or non-preferred practitioner.

If you are looking for a new doctor, we recommend that you check the MultiPlan Practitioner and Ancillary network and select a suitable doctor from the list. You may also ask Imagine360's concierge service to find the top practitioners in your area to address your medical issue.

If you know which doctor you want to see and the provider is non-preferred, bring along your new ID card and your PIBT Practitioner Guidance Flyer. If the provider still has questions, ask them to call Imagine360. An explanation of how our plan works will be given to your provider.

For facilities like hospitals, outpatient facilities, and surgical centers, the plan does not use a network. You may go to virtually any facility you choose. If the facility needs to contact Imagine360 to confirm your coverage or other information, the provider line is on your PIBT Freedom ID card. If you like, you may contact Imagine360 prior to any appointment and they will contact the doctor or facility to make sure there are no challenges when you arrive for your appointment.

Note that certain healthcare providers and facilities, Kaiser for example, only treat patients who are part of their health system. Kaiser will typically not accept the PIBT Freedom Plans except for emergency services.

4. What if a healthcare provider says they do not recognize my insurance plan?

Give them the PIBT Practitioner Guidance Flyer which should answer their questions. If they still have questions, ask them to call Imagine360 at the number on the back of your ID card. We are almost always able to work out a solution for you and get you seen and treated. Although very rare, if a solution cannot be found with your provider, a member of the Imagine 360 service team will locate other top-tier provider options for you to select from for your medical services.

5. What if a healthcare provider asks me to pay upfront?

Call Imagine360 immediately, even if you are in the provider's office. You should not pay any amounts higher than your plan co-pay, coinsurance or deductible, depending on the type of treatment you are receiving. We will explain to the provider how our plan works and get you seen without an upfront payment higher than these amounts.

Who can I turn to with questions or for help?

The staff at PIBT can answer many of your questions related to eligibility, benefits and various administrative issues. Imagine360 also has Member Service Professionals who are available to answer more detailed questions. These advocates are available to help you:

- Navigate the complex healthcare system;
- Find the best healthcare providers in your area;
- Better understand a diagnosis and learn about treatment options;
- Ensure your physician's office understands the plan and you get seen;
- And much more

6. What happens if a healthcare provider bills me for the balance after I have paid my portion?



This is known as a "Balance Bill" and does not happen very often but, if you receive a balance bill, send it to us or Imagine360 directly as soon as possible. You will be contacted within 24-48 hours by an Imagine360 Member Advocate who will work closely with you until the Balance Bill is resolved.

Our commitment to you is that, if you follow our process, you will only be responsible for co-pays, deductibles and co-insurance based on your PIBT Freedom plan. If the bill is sent to collections, your assigned legal representative will contact the collection agency to remove you from the process, and then work with the collection agency to resolve the billing so that your credit is not compromised.

7. Are these plans HMOs, PPOs or POS plans?

These plans are PPO level benefits, but you can seek care at virtually any provider. The MultiPlan Practitioner and Ancillary network gives you an excellent starting point. You can check to see if your current doctor is in the MultiPlan network, or you can find a new doctor, but ultimately you are free to seek care at any provider that you choose.

Benefits at a Glance



PIBT Freedom		
Plan Name	PIBT 35/1250	PIBT 45/1750
Network	Not Applicable [37]	Not Applicable [37]
Calendar Year Deductible (Individual/Family)	\$1,250 / \$2,500 [2]	\$1,750 / \$3,500 [2]
Out-of-pocket maximum (Individual/Family)	\$4,500 / \$9,000	\$6,000 / \$12,000
Office Visit (PCP)	\$35 (No Deductible) [40]	\$45 (No Deductible) [40]
Specialist Visit	\$40 (No Deductible) [40]	\$50 (No Deductible) [40]
Outpatient Surgery/Treatment	15% per visit (After Deductible)	30% per visit (After Deductible)
Hospital Admission	\$350 copay + 15% per admission (After Deductible)	\$250 copay + 30% per admission (After Deductible)
X-ray	\$35 per visit [40] (After Deductible)	\$40 per visit [40] (After Deductible)
Laboratory	\$35 per visit [40] (After Deductible)	\$40 per visit [40] (After Deductible)
Urgent Care	\$35 (No Deductible)	\$40 (No Deductible)
Emergency Room	\$350 copay + 15% per visit (After Deductible)	\$250 copay + 30% per visit (After Deductible)
Preventive Care	No Charge (No Deductible)	No Charge (No Deductible)
Mental Health Office Visit	\$35 (No Deductible)	\$45 (No Deductible)
Prescription Drugs	Generic/Brand/Non-Pref. Brand/Specialty	Generic/Brand/Non-Pref. Brand/Specialty
Separate calendar year deductible	\$275 per member (Except Generic) [5]	\$275 per member (Except Generic) [5]
Rx out-of-pocket maximum (Individual/Family)	Not Applicable	Not Applicable
Retail prescriptions (30-90 day supply)	\$15 / \$30 / \$50 / Specialty Drugs Program [6] [44]	\$20 / \$40 / \$55 / Specialty Drugs Program [6] [44]
Mail order (30-90-day supply)	\$30 / \$60 / \$100 / Specialty Drugs Program [6] [44]	\$40 / \$80 / \$110 / Specialty Drugs Program [6] [44]
Dental Coverage		
Pediatric dental coverage	Not Covered	Not Covered
Vision		
Routine exam	No Charge [8]	No Charge [8]
Frames and lenses	Not Covered	Not Covered
Plan ID	11503	11883

IMPORTANT NOTICE: This benefit comparison is provided to help you quickly compare plans and is not intended to be a comprehensive description of plans and benefits. Refer to the Summary of Benefits, Summary of Benefits and Coverage (SBC) and Evidence of Coverage for a detailed description of coverage and benefits limitations. In the event of a discrepancy on this comparison, Evidence of Coverage and Plan contract shall prevail. (Please visit www.pibt.org - Forms and Documents.)

• Prescription drug benefits listed are for participating pharmacies only.

[2] A calendar year deductible is the amount you pay each calendar year before the carrier pays for covered services under the benefit plan. [5] Accrues toward the calendar year out-of-pocket maximum. [6] Some drugs require prior authorization for medical necessity, or when effective, lower cost alternatives are available. [8] Routine vision screening for children only. [37] Some services require pre-authorization. If these services are rendered by providers as a facility, please refer to the appropriate category under level I of the Benefit Summary for the benefit. [40] For outpatient department of a Hospital, copay may differ. [44] Participation in the Specialty Drugs Program is required for specialty drugs or a 100% copay applies. See your plan document for information about drugs that require prior authorization and drugs that are excluded.

Benefits at a Glance


PIBT Freedom		
Plan Name	PIBT 45/3250	PIBT 60/5500
Network	Not Applicable [37]	Not Applicable [37]
Calendar Year Deductible (Individual/Family)	\$3,250 / \$6,500 [2]	\$5,500 / \$11,000 [2]
Out-of-pocket maximum (Individual/Family)	\$7,500 / \$15,000	\$8,500 / \$17,000
Office Visit (PCP)	\$45 (No Deductible) [40]	\$60 (No Deductible) [40]
Specialist Visit	\$50 (No Deductible) [40]	\$65 (No Deductible) [40]
Outpatient Surgery/Treatment	25% per visit (After Deductible)	40% per visit (After Deductible)
Hospital Admission	\$250 + 25% per admission (After Deductible)	\$250 copay + 40% per admission (After Deductible)
X-ray	\$45 per visit [40] (After Deductible)	\$55 per visit [40] (After Deductible)
Laboratory	\$45 per visit [40] (After Deductible)	\$55 per visit [40] (After Deductible)
Urgent Care	\$45 (No Deductible)	\$55 (No Deductible)
Emergency Room	\$250 copay + 25% per visit (After Deductible)	\$250 copay + 40% (After Deductible)
Preventive Care	No Charge (No Deductible)	No Charge (No Deductible)
Mental Health Office Visit	\$45 (No Deductible)	\$60 (No Deductible)
Prescription Drugs	Generic/Brand/Non-Pref. Brand/Specialty	Generic/Brand/Non-Pref. Brand/Specialty
Separate calendar year deductible	\$275 per member (Except Generic) [5]	\$275 per member (Except Generic) [5]
Rx out-of-pocket maximum (Individual/Family)	Not Applicable	Not Applicable
Retail prescriptions (30-90 day supply)	\$20 / \$40 / \$50 / Specialty Drugs Program [6] [44]	\$20 / \$40 / 50% \$100 max [6] / Specialty Drugs Program [44]
Mail order (30-90-day supply)	\$40 / \$80 / \$100 / Specialty Drugs Program [6] [44]	\$40 / \$80 / 50% \$200 max [6] / Specialty Drugs Program [44]
Dental Coverage		
Pediatric dental coverage	Not Covered	Not Covered
Vision		
Routine exam	No Charge [8]	No Charge [8]
Frames and lenses	Not Covered	Not Covered
Plan ID	11505	11863

IMPORTANT NOTICE: This benefit comparison is provided to help you quickly compare plans and is not intended to be a comprehensive description of plans and benefits. Refer to the Summary of Benefits, Summary of Benefits and Coverage (SBC) and Evidence of Coverage for a detailed description of coverage and benefits limitations. In the event of a discrepancy on this comparison, Evidence of Coverage and Plan contract shall prevail. (Please visit www.pibt.org - Forms and Documents.)

• Prescription drug benefits listed are for participating pharmacies only.

[2] A calendar year deductible is the amount you pay each calendar year before the carrier pays for covered services under the benefit plan. [5] Accrues toward the calendar year out-of-pocket maximum. [6] Some drugs require prior authorization for medical necessity, or when effective, lower cost alternatives are available. [8] Routine vision screening for children only. [37] Some services require pre-authorization. If these services are rendered by providers as a facility, please refer to the appropriate category under level I of the Benefit Summary for the benefit. [40] For outpatient department of a Hospital, copay may differ. [44] Participation in the Specialty Drugs Program is required for specialty drugs or a 100% copay applies. See your plan document for information about drugs that require prior authorization and drugs that are excluded.

Benefits at a Glance

PIBT Freedom	
Plan Name	PIBT HSA 6500
Network	Not Applicable [37]
Calendar Year Deductible (Individual/Family)	\$6,500 / \$13,000 [2]
Out-of-pocket maximum (Individual/Family)	\$7,050 / \$14,100
Office Visit (PCP)	30% (After Deductible) [40]
Specialist Visit	30% (After Deductible) [40]
Outpatient Surgery/Treatment	30% per visit (After Deductible)
Hospital Admission	\$250 + 30% per admission (After Deductible)
X-ray	30% [40] (After Deductible)
Laboratory	30% [40] (After Deductible)
Urgent Care	30% (After Deductible)
Emergency Room	\$250 + 30% per visit (After Deductible)
Preventive Care	No Charge (No Deductible)
Mental Health Office Visit	30% (After Deductible)
Prescription Drugs	Generic/Brand/Non-Pref. Brand/Specialty
Separate calendar year deductible	Subject to the calendar year deductible
Rx out-of-pocket maximum (Individual/Family)	Not Applicable
Retail prescriptions (30-90 day supply)	\$15 / \$30 /\$50 / Specialty Drugs Program [6] [44]
Mail order (30-90-day supply)	\$30 / \$60 / \$100 / Specialty Drugs Program [6] [44]
Dental Coverage	
Pediatric dental coverage	Not Covered
Vision	
Routine exam	No Charge [8]
Frames and lenses	Not Covered
Plan ID	11507

IMPORTANT NOTICE: This benefit comparison is provided to help you quickly compare plans and is not intended to be a comprehensive description of plans and benefits. Refer to the Summary of Benefits, Summary of Benefits and Coverage (SBC) and Evidence of Coverage for a detailed description of coverage and benefits limitations. In the event of a discrepancy on this comparison, Evidence of Coverage and Plan contract shall prevail. (Please visit www.pibt.org - Forms and Documents.)

• Prescription drug benefits listed are for participating pharmacies only.

[2] A calendar year deductible is the amount you pay each calendar year before the carrier pays for covered services under the benefit plan. [6] Some drugs require prior authorization for medical necessity, or when effective, lower cost alternatives are available. [8] Routine vision screening for children only. [37] Some services require pre-authorization. If these services are rendered by providers as a facility, please refer to the appropriate category under level I of the Benefit Summary for the benefit. [40] For outpatient department of a Hospital, copay may differ. [44] Participation in the Specialty Drugs Program is required for specialty drugs or a 100% copay applies. See your plan document for information about drugs that require prior authorization and drugs that are excluded.

Dental



Dental DPO Benefits at a Glance

Plan Features	Humana		Humana	
Plan Name	Humana Trad Pref PPO		GA Humana Trad PPO 2	
Services Rendered At	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible (Individual/Family)	\$50 / \$150 [24]		\$50 / \$150 [24]	
Calendar Year Maximum	\$1,500 per plan period [22]		\$1,000	
Waiting Period/Major Services	None		None	
Benefit Levels	Contracted Rate	Contracted Allowance	Customary & Reasonable	
Preventative Services				
Oral Exams	No Charge (No Deductible)		No Charge (No Deductible)	
Cleanings	No Charge (No Deductible)		No Charge (No Deductible)	
Bitewing X-rays	No Charge (No Deductible)		No Charge (No Deductible)	
Complete X-rays	No Charge (No Deductible)		No Charge (No Deductible)	
Basic Services				
Fillings (composite resin)	20%		30%	
Oral Surgery	20%		30%	
Major Services				
Crowns (high noble)	50%		60%	
Orthodontics				
Lifetime Maximum	\$1,000 per child		Not Covered	
Children up to 19th Birthday	50% (No Deductible)		Not Covered	
Adults	Not Covered		Not Covered	
Monthly Rates, effective 12/01/2024				
Employee	56.52		38.22	
+Spouse	72.02		36.19	
+Child	60.09		36.19	
+Children	60.09		76.07	
+Family	135.48		76.07	
Plan ID	9126		6985	

IMPORTANT NOTICE: This benefit comparison is provided to help you quickly compare plans and is not intended to be a comprehensive description of plans and benefits. Refer to the Summary of Benefits, Summary of Benefits and Coverage (SBC) and Evidence of Coverage for a detailed description of coverage and benefits limitations. In the event of a discrepancy on this comparison, Evidence of Coverage and Plan contract shall prevail. (Please visit www.pibt.org - Forms and Documents.)

[22] After annual maximum is reached, members receive 30% coinsurance on preventive, basic, and major services for the rest of the plan year (excludes orthodontia). [24] Non-participating dentist can bill you for charges above the amount covered by your dental plan. To ensure you do not receive additional charges, visit a participating PPO network dentist.



Dental DPO Benefits at a Glance

Plan Features	 DELTA DENTAL®		 DELTA DENTAL®	
	Delta DPO Plan 1		Delta DPO Plan 2	
Services Rendered At	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible (Individual/Family)	\$25 / \$75	\$50 / \$150 [24]	\$50 / \$150 [24]	
Calendar Year Maximum	\$1,500 per person		\$1,500 per person [38]	
Waiting Period/Major Services	None [25]		None [25]	
Benefit Levels	Contracted Rate / Contracted Allowance		Contracted Rate / Contracted Allowance	
Preventative Services				
Oral Exams	No Charge (No Deductible)		No Charge (No Deductible)	
Cleanings	No Charge (No Deductible)		No Charge (No Deductible)	
Bitewing X-rays	No Charge (No Deductible)		No Charge (No Deductible)	
Complete X-rays	No Charge (No Deductible)		No Charge (No Deductible)	
Basic Services				
Fillings (composite resin)	10%	20%	20%	
Oral Surgery	10%	20%	20%	
Major Services				
Crowns (high noble)	40%	50%	50%	
Orthodontics				
Lifetime Maximum	\$1,000		\$1,000	
Children up to 19th Birthday	50% (No Deductible) [21]		50% (No Deductible) [21]	
Adults	50% (No Deductible) [21]		Not Covered	
Monthly Rates, effective 12/01/2024				
Employee	65.34		52.58	
+Spouse	60.95		48.98	
+Child	81.39		70.07	
+Children	81.39		70.07	
+Family	161.45		134.82	
Plan ID	10424		10425	

IMPORTANT NOTICE: This benefit comparison is provided to help you quickly compare plans and is not intended to be a comprehensive description of plans and benefits. Refer to the Summary of Benefits, Summary of Benefits and Coverage (SBC) and Evidence of Coverage for a detailed description of coverage and benefits limitations. In the event of a discrepancy on this comparison, Evidence of Coverage and Plan contract shall prevail. (Please visit www.pibt.org - Forms and Documents.)

[21] In order to be covered, orthodontic treatment must be received in one continuous course of treatment; must be received in consecutive months and must not exceed 24 consecutive months. [24] Non-participating dentist can bill you for charges above the amount covered by your dental plan. To ensure you do not receive additional charges, visit a participating PPO network dentist. [25] Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees. [38] Non-Delta Dental PPO dentists: \$1,000 per person each calendar year.

Dental DMO Benefits at a Glance

Plan Features		
Plan Name	GA Humana EPO 2S	Delta USA 11
Calendar Year Deductible (Individual/Family)	None	None
Calendar Year Maximum	None	None
Waiting Period/Major Services	None	None
Benefit Levels	Fee Schedule [43]	Fee Schedule
Preventative Services		
Oral Exams	No Charge (1 every 6 months)	No Charge
Cleanings	No Charge (1 every 6 months)	No Charge (1 per 6 months)
Bitewing X-rays	No Charge (1 every 6 months)	No Charge
Complete X-rays	No Charge (1 every 36 months)	No Charge (1 every 24 months)
Basic Services		
Fillings (composite resin)	No Charge	No Charge
Oral Surgery	No Charge	\$5 Copay [20]
Major Services		
Crowns (high noble)	\$466 Copay [29]	\$240 Copay
Orthodontics		
Lifetime Maximum	Refer to Schedule of Benefits	Refer to Schedule of Benefits
Children up to 19th Birthday	\$2,100 Copay [21]	\$1,700 Copay [21]
Adults	\$2,300 Copay [21]	\$1,900 Copay [21]
Monthly Rates, effective 12/01/2024		
Employee	25.21	22.57
+Spouse	26.75	34.53
+Child	26.75	34.53
+Children	53.16	34.53
+Family	53.16	38.47
Plan ID	6986	11303


IMPORTANT NOTICE: This benefit comparison is provided to help you quickly compare plans and is not intended to be a comprehensive description of plans and benefits. Refer to the Summary of Benefits, Summary of Benefits and Coverage (SBC) and Evidence of Coverage for a detailed description of coverage and benefits limitations. In the event of a discrepancy on this comparison, Evidence of Coverage and Plan contract shall prevail. (Please visit www.pibt.org - Forms and Documents.)

[20] Surgical removal of erupted tooth, impacted tooth, and tooth root. [21] In order to be covered, orthodontic treatment must be received in one continuous course of treatment; must be received in consecutive months and must not exceed 24 consecutive months.

[29] Limit one per tooth every eight years. [43] Advantage Plus plans are network-based dental plans that emphasize prevention and cost containment. Members select any participating general dentist in Humana's advantage plus network. Care received from and out-of-network dentist (except emergency care) is not a covered benefit.


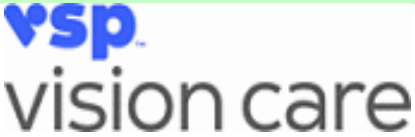
Vision

Vision Benefits at a Glance

Plan Features		
Plan Name	EyeMed High	EyeMed Base
Plan ID	10423	8763
Provider	EyeMed Provider	EyeMed Provider
Eye Exam	\$0 Copay	\$0 Copay
Frames	\$0 Copay. \$200 allowance, 20% off on balance over \$200	\$0 Copay. \$130 allowance, 20% off on balance over \$130
Lenses		
Single	\$10 Copay	\$10 Copay
Bifocal	\$10 Copay	\$10 Copay
Trifocal	\$10 Copay	\$10 Copay
Contact Lenses (instead of glasses)	\$0 Copay. \$200 plan allowance 15% off balance over \$200	\$0 Copay. \$130 plan allowance 15% off balance over \$130
Frequency		
Examination	Once every 12 months	Once every 12 months
Frame	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months
Monthly Rates, effective 12/01/2024		
Employee	8.97	7.04
+Spouse	8.06	6.31
+Child	8.06	6.31
+Children	16.03	12.58
+Family	16.03	12.58
Plan ID	10423	8763

IMPORTANT NOTICE: This benefit comparison is provided to help you quickly compare plans and is not intended to be a comprehensive description of plans and benefits. Refer to the Summary of Benefits, Summary of Benefits and Coverage (SBC) and Evidence of Coverage for a detailed description of coverage and benefits limitations. In the event of a discrepancy on this comparison, Evidence of Coverage and Plan contract shall prevail. (Please visit www.pibt.org - Forms and Documents.)


Vision Benefits at a Glance

Plan Features		
Plan Name	EyeMed Kaiser	VSP Premium
Plan ID	8764	10884
Provider	Kaiser Facility and EyeMed Provider [34]	VSP Provider [30]
Eye Exam	Plan office visit copay at Kaiser facility	\$10 Copay
Frames	\$150 plan allowance, 20% off on balance over \$150 for frames, lens and lens options	\$20 Copay. \$200 plan allowance, 20% off balance over allowance
Lenses		
Single	\$150 plan allowance, 20% off on balance over \$150	\$20 Copay
Bifocal	\$150 plan allowance, 20% off on balance over \$150	\$20 Copay
Trifocal	\$150 plan allowance, 20% off on balance over \$150	\$20 Copay
Contact Lenses (instead of glasses)	\$0 Copay. \$150 plan allowance 15% off balance over \$150	\$200 plan allowance [31]
Frequency		
Examination	Once every 12 months	Every 12 months
Frame	Once every 12 months	Every 12 months
Lenses or Contact Lenses	Once every 12 months	Every 12 months
Monthly Rates, effective 12/01/2024		
Employee	0.00	12.89
+Spouse	0.00	3.91
+Child	0.00	3.91
+Children	0.00	14.85
+Family	0.00	14.85
Plan ID	8764	10884

IMPORTANT NOTICE: This benefit comparison is provided to help you quickly compare plans and is not intended to be a comprehensive description of plans and benefits. Refer to the Summary of Benefits, Summary of Benefits and Coverage (SBC) and Evidence of Coverage for a detailed description of coverage and benefits limitations. In the event of a discrepancy on this comparison, Evidence of Coverage and Plan contract shall prevail. (Please visit www.pibt.org - Forms and Documents.)

[30] 20% off for certain materials and services accessed through a VSP provider. [31] Allowance for contacts and contact lens exam (fitting and evaluation). [34] Benefits apply for Kaiser participants only. Plan cannot be added to your plan menu.

Vision Benefits at a Glance

Plan Features	
Plan Name	VSP Standard
Plan ID	10883
Provider	VSP Provider [30]
Eye Exam	\$10 Copay
Frames	\$20 Copay, \$150 plan allowance, 20% off balance over allowance
Lenses	
Single	\$20 Copay
Bifocal	\$20 Copay
Trifocal	\$20 Copay
Contact Lenses (instead of glasses)	\$150 plan allowance [31]
Frequency	
Examination	Every 12 months
Frame	Every 24 months
Lenses or Contact Lenses	Every 12 months
Monthly Rates, effective 12/01/2024	
Employee	10.33
+Spouse	2.49
+Child	2.49
+Children	10.85
+Family	10.85
Plan ID	10883


IMPORTANT NOTICE: This benefit comparison is provided to help you quickly compare plans and is not intended to be a comprehensive description of plans and benefits. Refer to the Summary of Benefits, Summary of Benefits and Coverage (SBC) and Evidence of Coverage for a detailed description of coverage and benefits limitations. In the event of a discrepancy on this comparison, Evidence of Coverage and Plan contract shall prevail. (Please visit www.pibt.org - Forms and Documents.)

[30] 20% off for certain materials and services accessed through a VSP provider. [31] Allowance for contacts and contact lens exam (fitting and evaluation).

Life

Basic Group Life and AD&D Benefits at a Glance

Distributed by PIA-SC, Insurance Services Inc.

Plan Features	
Accelerated Death Benefit	If an employee has been diagnosed as terminally ill, Symetra Life Insurance Company may pay a portion of the death benefit in advance to the member.
Conversion	A conversion benefit is available that allows you to convert your group coverage to an individual policy if certain conditions apply.
Portability	This coverage may be continued at group rates upon termination of employment. Certain restrictions apply.
AD&D Riders	Includes Seat Belt, Airbag, Repatriation, Child Education, Day Care and Spouse Education benefits.
Value Added Services	
Beneficiary Companion	Support services for beneficiaries who have experienced a loss.
Travel Assist	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

Monthly Rates, effective 12/1/2024

\$0.28 per \$1,000 face amount, minimum of \$4,000 and maximum not to exceed \$50,000.


Face Amount	Rate
\$4,000	\$1.12
\$5,000	\$1.40
\$6,000	\$1.68
\$7,000	\$1.96
\$8,000	\$2.24
\$9,000	\$2.52

Face Amount	Rate
\$10,000	\$2.80
\$15,000	\$4.20
\$20,000	\$5.60
\$30,000	\$8.40
\$40,000	\$11.20
\$50,000	\$14.00

IMPORTANT NOTICE: This comparison is provided to help you compare coverage benefits at a glance only. Before making your plan choice, you should refer to the Evidence of Coverage and Plan Contract for a detailed description of coverage benefits and limitations. In the event of any difference between this summary versus the Evidence of Coverage or Plan Contract, the Evidence of Coverage and Plan Contract shall prevail.

Voluntary Life and AD&D Benefits at a Glance

Distributed by PIA-SC, Insurance Services Inc.


Plan Features	
Amount	Increments of \$10,000
Maximum Amount	Lesser of \$500,000 or 10 x Earnings (subject to underwriting)
Guarantee Issue (GIA)	\$120,000 maximum without additional underwriting (New Hires only)
Age Reduction (Original Benefit Amount reduced to)	65% at age 70 50% at age 75
Eligibility	Full time employee (of participating employer) and their eligible dependents
Evidence of Insurability (EOI)	EOI is required for all amounts of insurance selected after the initial 31-day eligibility period and for any amount in excess of the GIA.
Accelerated Death Benefit	If an employee has been diagnosed as terminally ill, Symetra Life Insurance Company may pay a portion of the death benefit in advance to the member.
Spouse	
Amount	Increments of \$5,000
Maximum Amount	\$250,000 not to exceed 100% of employee coverage (subject to underwriting)
Guarantee Issue	\$25,000 maximum without additional underwriting
Child	
Child Amount (Birth to 26 yrs.)	\$5,000 or maximum of \$10,000

Monthly Employee Rates, effective 12/1/2024

Benefit	\$10,000	\$50,000	\$80,000	\$120,000
Under 25	0.76	3.80	6.08	9.12
25-29	0.76	3.80	6.08	9.12
30-34	0.86	4.30	6.88	10.32
35-39	1.14	5.70	9.12	13.68
40-44	1.62	8.10	12.96	19.44
45-49	2.76	13.80	22.08	33.12
50-54	4.66	23.30	37.28	55.92
55-59	8.27	41.35	66.16	99.24
60-64	10.36	51.80	82.88	124.32
65-69	17.77	88.85	142.16	213.24
70-74	31.54	157.70	252.32	378.48
75+	31.54	157.70	252.32	378.48

Other

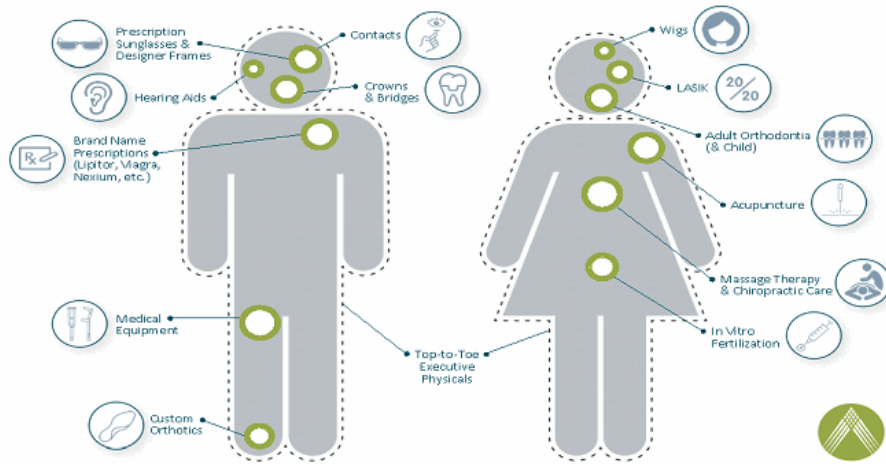
Employee Assistance Program Benefits at a Glance

Plan Features	
Plan Name	EAP
Employee Assistance Program	Counseling services for various life management problems for employees and dependents
Office Visits	\$0 copay with authorization
Deductible	None
Clinical Counseling	
Visits	6 visits per incident per plan period, unlimited incidents
Telephone Counseling	As needed
Web Video Counseling	As needed
Monthly Rates, effective 12/01/2024, Employer Sponsored Plan	
Employee	5.80
Plan ID	11643

IMPORTANT NOTICE: This benefit comparison is provided to help you quickly compare plans and is not intended to be a comprehensive description of plans and benefits. Refer to the Summary of Benefits, Summary of Benefits and Coverage (SBC) and Evidence of Coverage for a detailed description of coverage and benefits limitations. In the event of a discrepancy on this comparison, Evidence of Coverage and Plan contract shall prevail. (Please visit www.pibt.org - Forms and Documents.)

ULTIMATE HEALTH COVERAGE

Providing the robust coverage leaders and their families want and expect



The Ultimate Health Coverage plan is an innovative and convenient way to give an extra level of coverage for employees. It reimburses for many medical expenses not covered by the employer-sponsored base health plan. For more information contact Evie Bañaga at 800.449.4898 ext. 224.

Supplemental Medical Benefits	Samples of What is Eligible (Not a Complete List)*	Platinum	Diamond	Diamond Plus (Requires 15+ to enroll)
Per-Occurrence (each injury, condition or illness) for medical out-of-pocket costs	Deductibles, co-pays, balance bills and other out-of-pocket costs for medically necessary services	\$5,000	\$10,000	\$10,000
Other Supplemental Benefits		Per Covered Person per Year	Per Covered Person per Year	Per Covered Person per Year
Prescriptions	Co-pays, brand name and lifestyle prescriptions	\$2,500	\$3,000	\$10,000
Mental Health	Counseling and substance abuse programs	\$2,000	\$3,000	\$10,000
Medical Equipment	Durable medical equipment, wigs, hearing aids, orthotics	\$2,000	\$5,000	\$10,000
Wellness Treatments	Acupuncture, massage therapy and chiropractic care (if not covered by primary plan)	\$1,000	\$1,500	\$10,000
Executive Physicals	Comprehensive physicals for the primary member and enrolled spouse	\$2,000 each	\$2,500 each	\$10,000 each
Ancillary Benefits		Per Covered Person per Year		
Dental Treatments	Routine care, child and adult orthodontia, crowns and bridges	\$4,000	\$5,000	\$10,000
Vision Treatments	LASIK, contact lenses and prescription glasses & sunglasses	\$1,000	\$1,500	\$10,000
Annual Family Maximum		\$50,000	\$100,000	\$100,000

The levels are for each covered person, whether that person is the enrolled employee or his/her enrolled family member. All the reimbursed expenses across the benefit categories, including medical per occurrences, roll up to the overall annual family maximum, which is the same for a family of one or a family of six.

*These are examples of 213(d)- eligible expenses that are typically covered by the Ultimate Health plan. We cannot pre-certify specific medical treatments or procedures. A claim must be submitted for review before a claim will be accepted or denied for reimbursement.



Save money with FSA pretax benefit accounts.

A Flexible Spending Account (FSA) puts more money in your pocket by reducing your taxable income when you contribute pretax dollars to pay for common expenses like these:



HEALTHCARE

- Medical/dental office visit co-pays
- Dental/orthodontic care services
- Prescriptions and vaccinations
- Eye exams; prescription glasses/lenses

DEPENDENT CARE

- Daycare expenses
- Before & after school care
- Nanny/nursery school
- Elder care

TIPS

- You can choose to enroll in a Healthcare FSA, Dependent Care FSA, and more
- Your employer may offer other types of Benefit Accounts too; ask for details
- For a complete list of eligible expenses, see IRS Publications 502 & 503 at [irs.gov](https://www.irs.gov)

Increase your take-home pay by reducing your taxable income.

Each \$1 you contribute to your FSA reduces your taxable income by \$1. With less tax taken, your take-home pay increases!

Consider this example:
(For illustration only)



- Richard has:
- Gross monthly pay of \$3,500
 - \$600 per month in eligible expenses

Here is his net monthly take-home pay:

Without FSA

(\$600 spent using post-tax dollars)

\$1,932

With FSA

(\$600 spent using pretax dollars)

\$2,098

That's a net increase in take-home pay of **\$166** every month!

To estimate potential savings based on your income and expenses, use the Tax Savings Calculator at www.tasconline.com/tasc-calculators/tasc-flexsystem-calculator/

See how easy it is to start saving with a TASC Benefit Account. See details on reverse.

Free FSA PLAN FOR PIBT MEMBERS WITH LESS THAN 30 EMPLOYEES!!!

Individual policies



Accident

Accidents happen. When a covered accident happens, our accident insurance policy pays cash benefits (unless assigned) to help with the unexpected medical and everyday expenses that can begin to add up almost immediately.



Aflac Plus Rider

Pays a lump-sum benefit amount along with additional benefits when a diagnosis of a covered health event occurs.



Cancer/Specified-Disease

Helps cover expenses from initial diagnosis of a covered cancer, through treatment and follow-up visits.



Critical Illness (Specified Health Event)

Helps with the costs of treatment if you experience a covered health event, such as a heart attack, stroke or paralysis.



Dental

Aflac's supplemental dental insurance policy helps policyholders keep a bright, healthy smile. Our policy provides benefits for dental care.



Hospital Confinement Indemnity

Hospital stays are expensive. An Aflac Hospital Confinement Indemnity Insurance policy can help ease the financial burden of hospital stays by providing cash benefits.



Life

Provides additional protection to help family members maintain their lifestyle if something were to happen to the insured.



Lump-Sum Cancer

Provides a cash benefit to help cover any expense, such as treatment costs and insurance copays and deductibles, if a diagnosis of cancer occurs.



Lump-Sum Critical Illness

Provides a cash benefit to help cover expenses when a diagnosis or treatment for a covered critical illness event, such as heart attack, stroke or paralysis.



Short-Term Disability

Provides a source of income if a disability due to a covered accident or illness.



Vision

An Aflac supplemental vision insurance policy can help with the costs of vision treatment.